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PTO/SB/21 (6-98)

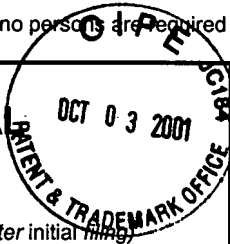
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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)



Application Number	09/780,553
Filing Date	February 9, 2001
First Named Inventor	Teffy R. Chamoun
Group Art Unit	3723
Examiner Name	Not yet assigned
Attorney Docket Number	7652/81372

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TECHNOLOGY CENTER R3700

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form  <input checked="" type="checkbox"/> Fee Attached (\$85.00)  <input checked="" type="checkbox"/> Amendment/Response (Preliminary)  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Formal Drawing(s) Transmittal  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Small Entity Statement  <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notices, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): <div>- Amendment Transmittal</div>
<div>Remarks</div>		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Mitchell J. Weinstein, Esq. (Reg. No. 37,963)
Signature	
Date	September 28, 2001

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope Addressed to: Box Amendment /Fee Commissioner for Patents, Washington, DC 20231 on this date: 09/28/01

Typed or Printed Name	Mitchell J. Weinstein (Reg. No. 37,963)
Signature	
Date	September 28, 2001

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: *Teffy R. Chamoun*

Group No.: 3723

Serial No. 09/780,553

Examiner: Not yet assigned

Filed: February 9, 2001

For: MOTORCYCLE LIFT



I hereby certify that this paper is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231, on this date:

09/28/2001

Date Mitchell J. Weinstein, Reg. No. 37,963  
Attorney for Applicant(s)

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**Box AMENDMENT- FEE**  
COMMISSIONER FOR PATENTS  
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Sir:

Transmitted herewith is an amendment in the above-identified application.

( ) No additional fee is required.

Fee Calculation For Claims As Amended

	As Amended	Previously Paid For	Present Extra	Rate	Additional Fee
Total Claims	<u>31</u>	- <u>26</u>	= <u>5</u>	X \$9.00	= \$ <u>45.00</u>
Independent Claims	<u>4</u>	- <u>3</u>	= <u>1</u>	X \$40.00	= \$ <u>85.00</u>
Multiple Dependent Claims				\$260.00	= \$ <u>0</u>
Total Additional Fee					\$ <u>85.00</u>
(X) Small Entity Fee (reduced by half).					\$ <u>85.00</u>

(X) A check in the amount of \$ 85.00 is attached.

( ) Charge \$ \_\_\_\_\_ to Deposit Account No. 23-0920.

( ) The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 23-0920. Should no proper amount be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 23-0920. A duplicate copy of this sheet is enclosed.

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Chicago, Illinois 60606  
(312) 655-1500

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By: Mitchell J. Weinstein  
Registration No. 37,963

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